MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

10/550203

APPLICANT(S)

9-21-05

CLAIMS

	AS	AS FILED		AFTER 1 AMENDMENT		AFTER 2 AMENDMENT			AS	FILED	AFTER		AFTER 2 MAMENDMENT	
<u> </u>	IND.	DEP.	IND.	DEP.	IND.	DEP.	1	<u> </u>	IND.	DEP.	IND.	DEP.	IND.	DEP.
1 2]	51						221.
3				 		 	1	52						
4			 	 	·		1	53 54		 		<u> </u>	<u> </u>	
5		1					ł	55			 			 -
6							1	56		 	}			ļ
7							1	57						
8			-,				İ	58						
10		-					1	59	 	<u> </u>				
11	1	 		-				60	 	 				
12				1				62		 				
13				Ĺ				63	1	 				
14	_							64						
15				-!				65	<u> </u>					
16 17	 							66 67	 	 				
18	1			'i 				68	 					
19				7				69	1					
20								70						
21	-			-!				71						
22								72 73						
24	1			+ +				74						
25				1				75	1					
26								76						
27							ļ	77						
28 29	 							78 79	 					
30							ŀ	80	 					
31							f	81						
32								82						
33							ļ	83						
34 35							ŀ	84 85						
36							ŀ	86						
37							İ	87						-
38							[
39-		·		·· • ·			L	89						
40 41				 }			-	90 91				<u> </u>		
41	 -		- +				ŀ	92	 -					-
43							F	93					- -	
44								94						
45			_				L	95						
46			 - -				-	96						
47 48		- -				-	H	97 98		 }				
49						\dashv	-	99						—
50								100						
TOTAL IND.		+	3	#	,	#	TO	OTAL IND.		#		+		₽
TOTAL DEP			23 ◀		+		ro	TAL DEP.		=	_		*	•
TOTAL CLAIMS		ó	26					TOTAL CLAIMS	2					
PTO - 1369 (REV. 11/94)							<u>-</u>		DEPARTME	INT of COMM	ERCE	•	